



PTO/SB/21 (09-04) (AW 10/2004)

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3745

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission 21 pgs. & 2 References

Application Number	10/521,923
Filing Date	01/21/2005
First Named Inventor	Holger von Hayn
Art Unit	3745
Examiner Name	Michael S. Leslie
Attorney Docket No.	PC10480US

ENCLOSURES (Check all that apply)

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form
<input type="checkbox"/> Fee Attached | <input checked="" type="checkbox"/> Drawing (Replacement Sheet-1)
<input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> After Allowance Communication to TC |
| <input checked="" type="checkbox"/> Amendment/Reply
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/Declaration(s) | <input type="checkbox"/> Petition
<input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Terminal Disclaimer | <input type="checkbox"/> Proprietary Information |
| <input checked="" type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Request for Refund | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> CD, Number of CD(s) _____
<input type="checkbox"/> Landscape Table on CD | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): PTO/SB/08a; 2 Cited Foreign References; Abstract; PTO-2038; Return Postcard. |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | Remarks: | |

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

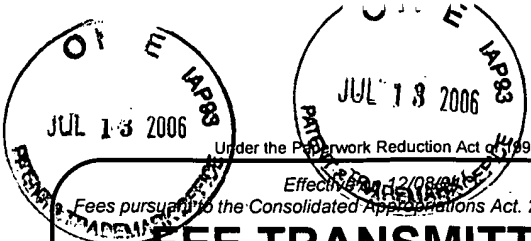
Firm Name	RatnerPrestia		
Signature			
Printed Name	Christopher A. Rothe		
Date	July 11, 2006	Registration No.	54,650

CERTIFICATE OF TRANSMISSION / MAILINGI hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: **Mail Stop Amendment**, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or Printed Name	Kathleen Spina	Date	July 11, 2006

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FEE TRANSMITTAL For FY 2006		Complete if Known		
		Application Number	10/521,923	
		Filing Date	01/21/2005	
		First Named Inventor	Holger von Hayn	
		Examiner Name	Michael S. Leslie	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	3745	
TOTAL AMOUNT OF PAYMENT (\$)		380.00	Attorney Docket No.	PC10480US

METHOD OF PAYMENT (check all that apply)

- ☐ Check ☒ Credit Card (PTO-2038 Attached) ☐ Money Order ☐ None ☐ Other (please identify): _____
☒ Deposit Account Deposit Account Number: 18-0350 Deposit Account Name: RatnerPrestia

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- ☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility		300		500		200	_____
Design		200		100		130	_____
Plant		200		300		160	_____
Reissue		300		500		600	_____
Provisional		200		0		0	_____

2. EXCESS CLAIM FEES

Fee Description	Small Entity	
	Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	
<u>25</u>	<u>5</u>	<u>50</u>	<u>Previously Paid</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
HP = highest number of total claims paid for, if greater than 20					
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>		
<u>4</u>	<u>1</u>	<u>200</u>	<u>200</u>		
HP = highest number of independent claims paid for, if greater than 3					

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____	_____	_____
_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____				

4. OTHER FEE(S)

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	_____
Other (e.g., late filing surcharge): Information Disclosure Fee	180

SUBMITTED BY Complete (if applicable)

Signature		Registration No. Attorney/Agent	54,650	Telephone	610-407-0700
Name (Print/Type)	Christopher A. Rothe	Date	July 11, 2006		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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